SYLVIE RATELLE STD/HIV PREVENTION TRAINING CENTER OF NEW ENGLAND

THREE-DAY STD INTENSIVE CLINICAL COURSE --- APPLICATION FORM---

HARTFORD, CT			
Please fill out this form and indicate course dates for which you would like to be considered. The information requested in this application is confidential and will be used for program purposes only.			
April 15-17, 2009 or	April 15, 20-21,2009		1 purposes only. April 15, 22-23, 2009
☐ June 24-26, 2009 or ☐	June 24, 29-30, 2009		June 24, July 1-2, 2009
☐ August 19-21, 2009 or ☐	August 19, 24-25, 2009	or \square	August 19, 26-27, 2009
October 21-23, 2009 or	October 21, 26-27, 2009	or 🗌	October 21, 28-29, 2009
RACE/ETHNICITY: White, non-Hispanic Black, non-Hispanic Hispanic/Latino/Chicano Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native Other			
Name			
Title/Position			
Department/Division			
Healthcare Organization			
Office Address			
City	State	Zip	
Telephone	Fax	Email	
Home Address			
City	State	Zip	
Telephone	Fax	Email	
The Sylvie Ratelle STD/HIV Prevention Training Center of New England is committed to training new and experienced clinicians from New England in the diagnosis, treatment and management of sexually transmitted disease and the prevention of Human Immunodeficiency Virus (HIV). Because of the intensity of the training, with close one-to-one preceptorship, we can only offer this training to a limited number of clinicians. Participation includes the examination and treatment of patients, so some independent clinical practice is assumed. Selection criteria is based on the ability to use training in daily practice and geographic diversity. To help us in this process, please fill out the following questions as completely as possible: 1) How many hours are you involved in direct clinical care each week? 2) On average, how many STD 'at risk' patients do you examine in one day? 3) Of this total number, what percentage is female? 4) What percentage of your work time is devoted to treating patients with an STD? 5) What percentage of your work time is devoted to family planning services? 6) How many times a month do you diagnose: HPV 7) Herpes 7) Vaginitis 7) Is there anything that you would like to tell us about your practice? 7) Is there anything that you would like to tell us about your practice?			
Have you attended any PTC courses, if so p	olease give name and dates of cour	ses attended:	

Please mail or fax your completed application to: Sylvie Ratelle STD/HIV Prevention Training Center of New England State Laboratory Institute 305 South Street, Room 560 Jamaica Plain, MA 02130

Phone: [617] 983-6945 Fax: [617] 983-6962